STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
AND DECLARATION OF RELATIONSHIP
DMHC / IMR 100 – 11/27/00

If the patient is incompetent or incapacitated, or requests representation, the parent, guardian, conservator, relative, physician, attorney or other designee of the enrollee, as appropriate, may submit the Application for Independent Medical Review, and act on the behalf of the enrollee.

Except as expressly limited above and herein, the undersigned hereby consents to the release of any and all medical records and information, of any type, or pertaining to
_____ (Name of Enrollee).

The scope of this authorization includes medical, mental health, substance abuse, HIV records, diagnostic imaging reports, and any other type of non-documentary records, as well as pertinent non-medical records and information.

This authorizes release by and among all medical providers, the Patient's Health Plan, the California Department of Managed Health Care and its consultants, and any Independent Medical Review Organization or reviewers authorized by the Department of Managed Health Care to review grievances regarding health care services. Release and disclosure are authorized only to the extent any of those persons or entities may deem appropriate for a purpose consistent with the review of a grievance or complaint regarding health care services.

This authorization will expire one year from the date below, except as regarding the Department's internal use or as otherwise allowed by law. The expiration will apply to all information not previously released pursuant to this authorization.

This authorization may be revoked or withdrawn at any time. A revocation or withdrawal will apply to all information not previously released pursuant to this authorization.

_____   _____
Printed Name   Signature

_____   _____
(Print Relationship to Patient)   Date

Return the completed form to Department of Managed Health Care, HMO Help Center, IMR Unit, 980 Ninth Street, Suite 500, Sacramento, CA 95814. If you have any questions, the Department can be reached at (888) HMO-2219, fax (916) 229-0465, TDD (877) 688-9891, the Department's web site at www.hmohelp.ca.gov.